

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK



FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

18 CV 6088 EAW

A. Full Name And Prisoner Number of Plaintiff: NOTE: *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. Selwyn Goodlow 261612

2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. MONROE COUNTY JAIL 4. 2017 AT 4:30 p.m AS WELL
2. CORPORAL SECOND Shift 3-11 5. AS Deputy ON Duty ON
3. ON the date of October 27 6. 3M West High AS well AS
- The Nurse ON duty in Reception

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: _____

(If applicable) Official Position of Defendant: CORPORAL ON 3-11 3m West High Oct 27,

2017

(If applicable) Defendant is Sued in _____ Individual and/or _____ Official Capacity

Address of Defendant: 130 South Plymouth Ave Rochester ny 14624

Name of Defendant: _____

(If applicable) Official Position of Defendant: Deputy on 3-11 3m west High Oct 27,

2017

(If applicable) Defendant is Sued in _____ Individual and/or _____ Official Capacity

Address of Defendant: 130 South Plymouth Ave Rochester ny 14624

Oct 27, 2017

Name of Defendant: _____

(If applicable) Official Position of Defendant: Nurse on 3-11 Shift Reception

(If applicable) Defendant is Sued in _____ Individual and/or _____ Official Capacity

Address of Defendant: 130 South Plymouth Ave Rochester ny 14624

Oct 27, 2017

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes No X

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: None
6. What was the disposition of the case?

Is it still pending? Yes No

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

 Dismissed (check the box which indicates why it was dismissed):

- By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to exhaust administrative remedies;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

 Judgment upon motion or after trial entered for

 plaintiff

 defendant.

B. Have you begun **any other lawsuits in federal court which relate to your imprisonment?**

Yes No X

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): None

Defendant(s): None

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: None

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes No

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

- By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to exhaust administrative remedies;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

- plaintiff
- defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|---|--|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | <input checked="" type="radio"/> Excessive Force | <input checked="" type="radio"/> Denial of Medical Treatment |
| • Equal Protection | <input checked="" type="radio"/> Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a person confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) Oct 27, 2017, defendant (give the name and position held of each defendant involved in this incident) the Corporal And deputy on 3 m west high, (3 rot 11 shift)

did the following to me (briefly state what each defendant named above did): ON October 27 at 4:30 I told corporal that I could no longer be house in three m west high he took me out and ask me why and I explain to him that there was a problem with inmate's on Block-I then ask could I He get my property out of my cell he then say's I have to get then my self I told him that it would be a problem if I went back in, but he say's if I don't go I will get nothing And then

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Failure to protect in

THE COURSE OF SEVERAL INMATES CAUSING PHYSICAL HARM TO PLAINTIFF.

The relief I am seeking for this claim is (briefly state the relief sought): \$100,000 conduct a complete and thorough internal investigation of the depraved indifference inflicted under the care and custody of the monroe county jail sheriff and deputies or gang assault in the inmate block in the presence of jail deputies with no code-1 called
Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? No Yes No If yes, what was the result? could not complete because I was Denied A grievance to exhaust (see letter).

Did you appeal that decision? Yes No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I ASK for a grievance and I was denied I ask for their names and was denied,

A. SECOND CLAIM: On (date of the incident) October 27, 2017 - About 5:00 pm defendant (give the name and position held of each defendant involved in this incident) NURSE ON Duty, CORPORAL AND DEPUTY SHERIFF,

did the following to me (briefly state what each defendant named above did): the nurse refuse to send me for cat Scan's or treat me for my pain after being sent to her. She first talk to the Deputy who sent me down to Reception. She check my blood pressure say's to me it's high call the on call doctor who tell's her to send me to hospital because I can hear their conversation but she refuse after speaking to Deputy. → NEXT PAGE.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Denial of medical treatment AFTER GANG ASSAULT IN CITY BLOCK INMATE HOUSING ON OCT. 27, 2017

The relief I am seeking for this claim is (briefly state the relief sought): \$100,000, AN INTERNAL INVESTIGATION OF BRING DENIED IMMEDIATE MEDICAL TREATMENT AS VICTIM, OF GANG ASSAULT, WITH SEVERE LACERATIONS CONCUSSION AND, FACIAL AND BODY TRAUMA, IN THE PRESENCE OF JAIL DEPUTIES IN CITY BLOCK HOUSING
Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? Yes No If yes, what was the result? _____

I was denied my right to pursue a grievance (see letter).

Did you appeal that decision? Yes No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I was denied the forms and opportunity when requested through administration at monroe county jail

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I am asking for money to reflect the lack of support and professional duty the deputy, guard and nurse showed, of denied immediate medical treatment after being gang assaulted under the care and custody of monroe county sheriff and its deputies under their individual and professional capacity
CORPORAL NEGIGENCE OF IMMEDIATE AND PROPER MEDICAL TREATMENT BY MONROE COUNTY SHERIFF MEDICAL STAFF.
Do you want a jury trial? Yes No _____

I SUFFERED SEVERE LACERATIONS, CONCUSSION, FACIAL AND BODY TRAUMA AND SEVERE BRUISING OF THE HEAD, FACE AND BODY FROM BEING KICKED AND PUNCHED BY SEVERAL INMATES IN THE BLOCK, FACE SWOLLEN AND GOING IN AND OUT OF CONSCIOUSNESS DURING THIS GANG ASSAULT IN THE PRESENCE OF JAIL DEPUTIES, CORPORALS, WHO ALLOWED THIS SEVERE ASSAULT TO OCCUR UNDER THEIR CARE AND CUSTODY WHILE UNDER THEIR INDIVIDUAL AND PROFESSIONAL OFFICIAL CAPACITY, FAILING TO PROTECT MY PHYSICAL, MENTAL AND EMOTIONAL WELL BEING OF THIS VIOLENT ACT I SUFFERED, DUE TO THEIR DILIGENT NEGIGENCE. HAVING CONTINUED EMOTIONAL, MENTAL, AND PHYSICAL DURESS AND STRESS OF FAILED MEDICAL TREATMENT, CHRONIC HEADACHES, AND MENTAL LAPSES THAT ARE ONGOING, CAUSED BY THE TRAUMA OF THE GANG ASSAULT UNDER THE CARE AND CUSTODY OF MONROE COUNTY JAIL SHERIFF, DEPUTIES, CORPORALS AND MEDICAL STAFF WHO NEVER CALLED FOR A COOP - 1 INCIDENT.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 18, 2017
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Sophie Morden

Signature(s) of Plaintiff(s)

TO: MONROE COUNTY JAIL DEPUTY SHERIFF AND ITS SUPERIOR
OFFICERS

FROM: SELWYN GOODLOW, 261612

RE: GANG ASSAULT, DATED OCT. 27, 2017, AT OR ABOUT 4:30 P.M.,
CITY BLOCK, (MC); DENIED MEDICAL TREATMENT FOR FACIAL
AND HEAD LACERATIONS, CONCUSSION, BLOODY NOSE AND LAP; HEAD,
FACE AND BODY BRUSHS; PAIN & SUFFERING; PHYSICAL, MENTAL
AND EMOTIONAL DURRESS AND STRESS.

TO WHOM IT MAY CONCERN,

I, SELWYN GOODLOW, AM FILING THIS CLAIM IN MY ATTEMPTS
TO GET MONROE COUNTY JAIL DEPUTIES TO SIGN THE COMPLAINT
THAT HAS BEEN DENIED BY LTD, SERGENTS, CORPORAL AND
DEPUTIES OF MONROE COUNTY JAIL, DATE OF INCIDENT OCT.
27, 2017, AT APPROXIMATELY 4:30 P.M.

THAT THIS NOTICE HAS BEEN FORWARDED TO THE SHERIFF
IN MY ATTEMPTS TO ADDRESS AND PUT ON NOTICE THE
FAILED MEDICAL TREATMENT AND, FAILURE TO PROTECT WHILE
UNDER THE CARE AND CUSTODY OF MONROE COUNTY JAIL
DEPUTIES AND ITS MEDICAL STAFF, AND FAILED TO CALL CORR - 1.

THAT THIS IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE.

SWEORN BEFORE ME THIS
27th day of January 2018
SABRA W HICKAM
Notary Public

RESPECTFULLY,
Selwyn Goodlow
SELWYN GOODLOW
MONROE COUNT CORR. FAC.
750 E. HENRIETTA ROAD
ROCHESTER, N.Y. 14623

AFFIDAVIT OF SERVICE

JANUARY 1, 23, 2018

STATE OF NEW YORK)

COUNTY OF MONROE) SS.:

THE UNDERSIGNED SILWYN GOODLOW, BEING OATH SWORN
DISPOSES AS SAY: ON THE 23 DAY OF JANUARY, 2018 YOUR
OPONENT PLACED THE FOLLOWING DOCUMENTS.

PETITIONERS COMPLAINT CLAIM 1983, AND ITS ATTEMPTS
TO ADDRESS THIS ISSUE TO MONROE COUNTY SHERIFF.

IN A SEALED PREPARED FIRST CLASS ENVELOP AND
DEPOSITED SAME IN A RECIPIENTAL UNDER THE CARE AND
CONTROL OF THE MONROE COUNTY MAIL POSTAL SERVICE, AND
PROCESSED AS FOLLOWS.

ATTORNEY GENERAL:
144 EXCHANGE BLVD., STE. 200
ROCHESTER, N.Y. 14614

CLERK UNITED STATES DIST. COURT
2120 U.S. COURTHOUSE
100 STATE STREET
ROCHESTER, N.Y. 14614-1387

SABRA W HICKAM
Notary Public, State of New York
No. 01H16295885
Qualified in Monroe County
Commission Expires January 13, 2022

SWORN TO BEFORE ME
23 DAY OF January 2018

Sabra W. Hickam
NOTARY PUBLIC

RPECTFULLY,
Silwyn Goodlow
MONROE COUNTY CORR. FAC.
750 E. HENRYTTA ROAD
ROCHESTER, N.Y. 14623

JS 44 (Rev. 06/17)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

JAN 29 2018

I. (a) PLAINTIFFS GOODLOW SELWYN, 261612		DEFENDANTS MONROE COUNTY JAIL, SHERIFF & DEPUTIES																																									
(b) County of Residence of First Listed Plaintiff <u>MONROE</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>		County of Residence of First Listed Defendant <u>MONROE</u> <i>(IN U.S. PLAINTIFF CASES ONLY)</i>																																									
(c) Attorneys (Firm Name, Address, and Telephone Number)		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.																																									
		Attorneys (<i>If Known</i>)																																									
II. BASIS OF JURISDICTION (<i>Place an "X" in One Box Only</i>)		III. CITIZENSHIP OF PRINCIPAL PARTIES (<i>Place an "X" in One Box for Plaintiff and One Box for Defendant</i>)																																									
<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	Citizen of This State <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 4																																									
<input checked="" type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5																																									
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6																																									
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Medical Malpractice </td> <td> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability </td> <td> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other </td> <td> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act </td> </tr> </tbody> </table>				CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - 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V. ORIGIN (<i>Place an "X" in One Box Only</i>)																																											
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (<i>specify</i>) <input type="checkbox"/> 6 Multidistrict Litigation - Transfer <input type="checkbox"/> 8 Multidistrict Litigation - Direct File																																								
VI. CAUSE OF ACTION Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): <u>42 U.S.C. § 1983</u> Brief description of cause: FAILED MEDICAL TREATMENT, AFTER BEING GANG ASSAULTED UNDER THE CARE AND CUSTODY OF MONROE COUNTY JAIL SHERIFF																																											
VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMAND \$ <input type="checkbox"/> CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																								
VIII. RELATED CASE(S) IF ANY		(See instructions): JUDGE DOCKET NUMBER																																									
DATE:		SIGNATURE OF ATTORNEY OF RECORD																																									
FOR OFFICE USE ONLY																																											
RECEIPT #	AMOUNT	APPLYING IFP	JUDGE MAG. JUDGE																																								